 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressee B. Received by (Printed Narye) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Allied Towing c/o Allied Towing Service LLC Francis J. Lobrano Registered Agent for Allied Towing Service	9347156
LLC 147 Keating Dr. Belle Chasse, Louisiana 70037	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7014 0	150 0000 2453 9346
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE



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Sender: Please print your name, address, and ZIP+4 in this box

